Background Pooling resources for the development and dissemination of guidelines receives important consideration due to the extensive amount of expertise, money and staff time needed within an organisation. Partnered guidelines may increase the administrative cost and timeline of development, but is positively offset in the value partnering brings in the ultimate success and implementation.

Context Over the last three years we formally partnered with other professional medical societies in over 70% of our guidelines, learning many core and nuanced components of a successful jointly-developed guideline. We share those lessons learned with GIN members.

Description of Best Practice We tackle critically important aspects of joint collaborations, beginning with the determination of appropriate partners. We explore the creation of a solid memorandum of understanding (MOU), addressing questions like: How will we select panel membership and manage their conflicts of interest? What grading system will we utilise with an evidence-based guideline or consensus conference? How will we approach our respective organisation’s approval process? What is needed to produce a simultaneous joint publication between journals? How will we disseminate effectively to our target audiences? What is our future plan for a revision? And the ultimate questions - How do we cost share and work share in the development equally?

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users These experiences will help guideline developers create a framework for partnered collaborations, balancing value gained in partnership versus challenges realised in completion and resourcing.

Lessons for Guideline Developers, Adaptors, Implementers, and/or Users Limiting evidence updates to controversial or unresolved areas of clinical practice, engaging stakeholders in guideline development based on a review of current utilisation data and scientific evidence, and engaging key opinion leaders and stakeholders in implementation and performance monitoring leads to more efficient use of resources, stronger implementation and improved performance.

GUIDE DEVELOPMENT TOOL (GDT) – WEB-BASED SOLUTION FOR GUIDELINE DEVELOPERS AND AUTHORS OF SYSTEMATIC REVIEWS

Background Guideline developers and other health care decision makers benefit from following a structured process of specifying the health care questions they intend to answer and the outcomes of interest, assessing the confidence in the available evidence, gathering information about the values and preferences of the target population, and presentation of their results and decisions to the target users. Many guideline developers use the GRADE Profiler (GRADEpro) software used to conduct this work.

Context GRADE’s approach is currently being further defined in the DECIDE (Developing and Evaluating Communication Strategies to Support Informed Decisions and Practice Based on Evidence) project.

Description of Best Practice The Guideline Development Tool (GDT) is the extension of the GRADE Profiler (GRADEpro) software. The GDT provides an integrated platform independent web-based solution for health care decision makers offering support for the whole process of making decisions and developing recommendations including question formulation, generation and prioritisation of outcomes, support for teamwork, management of potential conflicts of interest, presentation of results (including the functionality of GRADEpro) and decision support.

Background: 1) asking clinical stakeholders to identify the indications for clinical trials for the specific indications, and contacting well-known external content experts to identify unpublished evidence; 3) obtaining data on the organisation’s current breast MRI utilisation and practice variation; 4) engaging experts/stakeholders in guideline development and revision based on current utilisation/practice variation compared to findings from the evidence review; 5) obtaining endorsement of guidance and commitment to implementation efforts from clinical opinion leaders and other stakeholders; and 6) initiating routine monitoring and feedback on breast MRI use.
Background This study aimed to identify theoretically based modifiable factors that predict whether chiropractors manage patients with low back pain without ordering lumbar x-rays.

Methods A mailed survey with psychological measures was collected from a random sample of Ontario (Canada) and Practice Network (US) chiropractors. The outcome measures were behavioural intention and behavioural simulation (scenario decision-making). Explanatory variables included constructs from motivational theories (Theory of Planned Behaviour (TPB), Theory of Interpersonal Behaviour (TIB)), action theories (Operant Learning Theory (OLT) and Planning (action and coping)), and two other constructs: personal moral norm and habit as measured by the Self-Reported Habit Index (SRHI). Multiple regression analyses examined the predictive value of each theoretical model individually for simulation and intention outcomes.

Results 31% of North American chiropractors returned completed questionnaires. Overall, TPB and TIB, followed by personal moral norms and OLT best explained behavioural simulation. Theory level variance explained among Ontario and US chiropractors was respectively: TPB 59%; 52.0%, TIB 57%; 54.0%, personal moral norm 49%; 46.0%, OLT 49%; 52.0%, action planning 28%; 29%, and SRHI 42%; 48%. Constructs from TPB and TIB best explained behavioural intention. Theory level variance explained was respectively: TPB 85%; 74%, TIB; 83%; 81%, OLT 62%; 69%, and SRHI 59% and 52% for SRHI.

Conclusion These models explained up to 59% of the variation in behavioural simulation and up to 85% in intention to manage back pain patients without x-rays. Results may inform development of theory-based behaviour change interventions to implement guideline recommendations among North American chiropractors. These models explained up to 59% of the variation in behavioural simulation and up to 85% in intention to manage back pain patients without x-rays. Results may inform development of theory-based behaviour change interventions to implement guideline recommendations among North American chiropractors.